

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

ATTESTATION FORM

The following is the minimum requirement for each Staff Member of the Provider Agency to document attestation to the Conflict of Interest Policy. This form must be completed in full on an annual basis and maintained on site by the Provider Agency.

Name of Agency

Contract Number

Name of Subcontractor

Phone Number

Address

City/State

Questionnaire – The following questions must be answered Yes or No. Please circle “Y” for yes and “N” for no. All “Yes” answers must be followed by a detailed explanation:

1. Y / N Are you related to any member of the Governing Board?
2. Y / N Are you related to any Staff Member?
3. Y / N Are you a member of the Governing Board and the agency Staff?
4. Y / N In your capacity with the Provider Agency, do you hold a position of authority over any family member or person that resides in the same household?
5. Y / N Do you receive any subcontracted payment (money or in-kind goods/services) from the Provider Agency?
6. Y / N Do you also serve on the staff or governing body of a funder/contributor to the Provider Agency?

Please explain any “Yes” responses in the space below. Use additional sheets if necessary:

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I agree to abide by the agency's written policy and internal procedural guidelines regarding the Conflict of Interest policy.

I agree to abide by the specific provisions that no volunteer or paid Provider Agency Staff, subcontractor, officer, consultant or Governing Board member participates in the selection, award, or administration of any procurement and/or transaction in which federal or State funds are used, where any of the following has a financial, political, and/or personal interest in that transaction:

1. The Staff Member, Officer of the Governing Board member;
2. Any member of his/her family;
3. Any member of his/her household;
4. An organization in which any of the above is an officer, director or employee; and
5. A person or organization with whom any of the above is negotiating or has any arrangement concerning prospective employment.

ATTESTATION: I certify that the information is true and to the best of my knowledge. I have read and will comply with the Conflict of Interest Policy. My submission of this Form constitutes an attestation of compliance with DCF.P8.05 in total.

Print Name

Title

Signature

Date